

OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS
SNAPSHOT INSPECTION
NORTHERN VIRGINIA TRAINING CENTER

ANITA S. EVERETT, MD
INSPECTOR GENERAL

OIG REPORT # 74-03

Facility: Northern Virginia Training Center
Fairfax, Virginia

Date: January 30-31, 2003

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Anita Everett, MD
Cathy Hill, LPC
Heather Glissman, BA

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Northern Virginia Training Center in Fairfax, Virginia on January 30-31, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

NVTC is one of five training centers dedicated to providing residential and active treatment services to persons with mental retardation. This approximately 200-bed facility primarily serves individuals from the Northern Virginia area.

Overall, the facility was clean comfortable and well maintained. NVTC has engaged in several projects designed to make this institutional environment appear more home-like. Recently the facility completed a Victorian Garden Project and continues with plans to contract with one of the local universities in establishing an internship in design as an additional way of developing creative ideas for environmental improvements.

NVTC maintains a staff to client ratio that provides for the training, care and safety needs of the residents it serves. Residents at NVTC are provided with opportunities to participate in active treatment programming in a variety of settings depending upon their level of functioning.

The use of Behavior Management was reviewed as a part of this inspection. This was found to be a well-developed and mature part of the treatment component at NVTC.

UNIT OR BUILDING: Members of the inspection team conducted tours of all four units within the facility.

PART I: STAFFING ISSUES

1. Number of staff scheduled for this shift for this unit?

DSA= Direct Service Assistant

Evening shift – January 30

Skills training Center –

33 clients to 19 Staff

Unit 7A –18 Clients

4 DSA

1 Med Aide

1 RN does rounds on unit

Unit 7C –15 Clients

5 DSA

1 Med Aide

1 RN does rounds on unit

Unit 8A –19 Clients

4 DSA

1 Med Aide

1 RN does rounds on unit

Unit 8C –17 Clients

3 DSA

2 Med Aide

1 RN does rounds on unit

Day Shift – January 31

Unit 6A&C- 15 Clients

8 DSA

1 Med Aide

Unit 5A - 19 Clients

5 DSA

Unit 5C- 16 Clients

5 DSA

Unit 3A - 19 Clients

5 DSA

Unit 3C - 19 Clients

5 DSA

1 Med Aide

1 Supervisor

	Unit 3D - 16 Clients 5 DSA Unit 1 - 15 Clients 4 DSA 2 Med Aide .5 Supervisor
2. Number of staff present on the unit?	Observations revealed that staff presence was as noted above.
3. Number of staff doing overtime during this shift or scheduled to be held over?	Interviews with staff and staffing counts indicated that 1 staff member during the day shift on January 31 was working overtime.
4. Number of staff not present due absence because of workman's compensation injury?	Interviews with Staff indicated that 1 person was out on short-term disability, and 2 were out on FMLA, but none were out on a Worker's Compensation claim.
5. Number of staff members responsible for one-to-one coverage during this shift?	Interviews with staff indicated that 2 staff members were responsible for 1:1 on site and that 3 staff were responsible for 1:1 off site.

6. Are there other staff members present on the unit? If so, please list by positions?

During the day shift, unit staff reported that RN's make rounds and team leaders and Physical Therapists frequent the units.

Additional comments regarding staff: NVTC was able to obtain the staffing patterns noted above in association with the settlement agreement with the Department of Justice. Since that time, the facility has been afforded the opportunity to maintain this rich staffing pattern.

OIG Finding 1.1: NVTC maintains a staff to client ratio that provides for the training, care and safety needs of the residents it serves.

OIG Recommendation: NONE.

DMHMRSAS Response: NVTC will continue to maintain a staff to client ratio that provides for the training, care and safety needs of the residents served.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

Unit 1 - 16	Unit 1 - 15
Unit 3A- 20	Unit 3A - 19
Unit 3C – 20	Unit 3C - 19
Unit 3D - 16	Unit 3D - 16
Unit 5A – 20	Unit 5A - 19
Unit 5C - 16	Unit 5C - 16
Unit 6A&C - 16	Unit 6A&C - 15
Unit 7A – 20	Unit 7A – 18
Unit 7C – 17	Unit 7C – 15
Unit 8A – 20	Unit 8A – 19
Unit 8C – 20	Unit 8C - 17

3. Number of patients/residents on special hospitalization status

Interviews with staff indicated that 6 patients were on special hospitalization status.

4. Number of patients/residents on special precautions?

Interviews with staff indicated that due to the complexity of clients, most are informally on a special precaution for medical or behavioral issues.

5. Number of patients/residents on 1 to 1?

Interviews with staff indicated that 5 patients are on 1:1, 2 while on campus and 3 while off campus.

6. Identify the activities of the patients/residents?

Patients either work off grounds, go to the Skills Training Center (STC), or the Developmental Day Program (DDP).

7. What scheduled activities are available for patients/residents during this shift?

During the day shift most clients either go off grounds to day treatment programs or to work programs within the community. For those that stay on grounds, clients will go to the Skills Training Center (STC) or the Developmental Day Program (DDP). In STC, clients have a variety a work related activities to which they are assigned and for which they receive fair market value compensation. These include: can-crushing, bulk mail stuffing, silverware rolling, managing the vending machines on campus, and facility ground maintenance. Each client in this program is assigned to the activity that best fits the client's treatment plan and best designed to equip them with skills to work in the community. The DDP works with clients that are not ready for the STC or working off grounds, some activities that are offered are paper shredding and cardboard recycling.

8. Are smoke breaks posted?

Interviews with staff revealed none of the clients at the facility smoke.

9. Do patients/residents have opportunities for off-ground activities?

All clients have the opportunity for off grounds activities, either through work projects or fieldtrips. Fieldtrips include going to the park, airport, mall, zoo, restaurants, local basketball games, movies, bowling, miniature golf, George Mason University events and overnight trips to the beach and camping.

10. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks are offered as appropriate, according to a resident's diet.

11. Other comments regarding patient activities:

Interviews and observation revealed that for residents that are unable to be a part of an off grounds work program, STC or DDP, staff work with them on the units or they attend physical therapy at the Gym, the Pool, or the Sensory Stimulation Room.

OIG Finding 2.1: Residents at NVTC are provided with opportunities to participate in active treatment programming in a variety of settings depending upon their level of functioning.

OIG Recommendation: None.

DMHMRSAS Response: NVTC staff will continue to provide a variety of opportunities to participate in active treatment programming in a variety of settings.

NVTC will continue to use available resources to promote programming appropriate to an individual's level of functioning and preference.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW:	Comments and Observations
Common Areas	
1. The common areas are clean and well maintained.	Tours of all the living units indicated that the common areas on the units were clean and well maintained. The units were decorated with plants (real and faux) mobiles, stuffed animals, pictures and calendars, decorated bulletin boards, TV's, radios, skylights, homelike furniture and wallpaper and paint borders.
2. Furniture is adequate to meet the needs and number of patients/residents.	Observations during tours of all units indicated that the furniture was adequate in number and design to meet the needs of the clients.
3. Furniture is maintained and free from tears.	Observations made during the tours indicated that for the majority furniture was well maintained. There were some pieces that were torn, but staff indicated that those pieces were going to be replaced.
4. Curtains are provided when privacy is an issue.	Observations indicated that curtains were provided for privacy.
5. Clocks are available and time is accurate.	Observations during tours indicated that all clocks were set to the accurate time of day.

6. Notification on contacting the human rights advocate are posted.	Observations during tours revealed that a poster indicating the human rights advocate name and phone number was hanging in the entrance of each building.
---------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

<p>7. There is evidence that the facility is working towards creating a more home-like setting.</p>	<p>Tours and observations confirmed that the staff is working hard to create a more homelike setting in all living areas of each unit.</p>
<p>8. Temperatures are seasonally appropriate.</p>	<p>Tours and observations confirmed that the temperature was set to be seasonally appropriate and the clients appeared to be comfortable.</p>
<p>9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.</p>	<p>Tours revealed that each building had an area for families to visit, plus the nature trail outside and the activities room in the Skills Training Center.</p>
<p>10. Patients/residents have access to telephones, writing materials and literature.</p>	<p>Interviews with staff revealed that patients have access, at any time to telephones, writing materials and literature.</p>
<p>11. Hallways and doors are not blocked or cluttered.</p>	<p>Tours confirmed that hallways and doors are not cluttered or blocked.</p>
<p>12. Egress routes are clearly marked.</p>	<p>Tours confirmed that egress routes are clearly marked and not blocked.</p>
<p>13. Patients/residents are aware of what procedures to follow in the event of a fire.</p>	<p>Interviews with staff indicated that residents understand the procedure to follow in the event of a fire, except for those whose capacity to understand precludes them from being considered effectively informed.</p>

14. Fire drills are conducted routinely and across shifts.	Interviews indicated that fire drills are held 1 per shift, per quarter.
------------------------------------------------------------	--------------------------------------------------------------------------

Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well maintained.	Tours and observations of all living units indicated that bedrooms are clean comfortable and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours and observations confirmed that bedrooms are furnished with a mattress, sheets, pillow and a blanket. In addition, for those that need adaptive equipment, this is designed and supplied by the facility.
	Bedrooms provide adequate storage.
3. Curtains or other coverings are provided for privacy.	Observations during tours indicated that curtains were provided for privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	Observations revealed that vertical blinds were not used at the facility; therefore there were not cords to be a hazard. Other cords such as those associated with electronics were secured so as to not present as a hazard.

5. Patients/residents are able to obtain extra covers.	Tours revealed that there is a linen closet on each unit in which extra pillows and blankets can be secured.
6. Patients/residents are afforded opportunities to personalize their rooms.	Tours and interviews indicated that residents were given the opportunity to personalize their own rooms. Some examples of personalized items were, beds from home, bed sets, family pictures, posters, dolls, stuffed animals, TV's, radios, plants, books, toys, carpets, wallpaper and paint borders.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	Tours of 11 units revealed that the Time out rooms are being used as Time out rooms on 5 of the 11 units. On the 6 units in which they are not used for time out, they were used as a furnished quiet room, playroom, or storage area.
2. Seclusion and/or time out rooms allow for constant observations.	Tours of the units indicated that the time-out rooms were all designed for constant observation.
3. Bathrooms are located close to the seclusion or time-out areas.	Tours of the units indicated that none of the units are designed to have the bathroom located near the time out room.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Tours of 11 units revealed that all the bathrooms were clean and well maintained. The OIG staff member did notice two units that had unflushed toilets.
2. Bathrooms were noted to be odor free.	Tours indicated that all bathrooms were odor free.

3. Bathrooms were free of hazardous conditions.	Tours of all bathrooms indicated that all bathrooms were free of hazardous material.
Buildings and Grounds	Comments and Observations
1. Pathways are well lit and free of hazardous conditions.	Tours of all residential units indicated that all pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Tours and observations verified that NVTC has worked hard to post signs to indicate procedures for visitors entering the building.
3. Grounds are maintained.	Tours and observations of the grounds indicated that NVTC works to create an attractive outdoor environment. There is a walking trail that is lighted and they have recently added an accredited garden.
4. There are designated smoking areas with times posted.	OIG staff questioned facility staff and were informed that there was no specific time allocated for this and that it would be handled on an individual basis.
5. Patients/residents have opportunities to be outside.	Tours of the grounds and buildings, interviews with staff and observation of patient activities indicated that patients are outside often, either for leisure or activities, especially when the weather is pleasant. They are taken off campus as well as remaining on campus.

OIG Finding 3.1: Overall, the facility was clean, comfortable and well maintained. There was evidence that the facility had worked to make this institutional setting appear more home-like.

OIG Recommendation: None.

DMHMRSAS Response: NVTC will continue to encourage each residential unit to develop a home-like appearance.

PART FOUR: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT

The majority of persons served by NVTC have been diagnosed with either severe mental retardation (IQ from the low 20s to high 30s) or profound mental retardation (IQs in the low 20s and below). Individuals served by the Center need special help to cope with the demands of life including the activities of daily living, self-care and habilitation skills training. Each person upon entering the Center undergoes a thorough assessment by a number of professionals in a variety of disciplines regarding their current status and level of functioning. A written habilitation plan is developed that outlines the resident's treatment, service and training needs. These plans also include the goals, objectives and interventions needed to address the individual's service needs. These assessments also address any behavioral problems that impact the person's ability to maximize functioning.

A variety of behavioral problems are often associated with mental retardation even though these behaviors may not constitute criteria for a formalized psychiatric or DSM IV diagnosis. Among these are: aggression, impulsivity, self-injury and poor frustration tolerance. Many individuals with mental retardation also suffer from mood disorders, psychotic disorders, poor attention span and hyperactivity.

Behavioral management at NVTC emphasizes the use of positive behavioral treatment strategies in the least restrictive manner possible. Behavioral interventions are designed to aid the resident in acquiring "strengths and learn functional skills that will increase self-determination, independence and social integration" (Psychological Services- SOP Manual, NVTC, pg.30).

When restrictive programming is determined by treatment professionals to be likely to be an effective intervention, the ID team, in cooperation with the resident's authorized representative, the Behavioral Treatment Review Committee, the Local Human Rights Committee and the Facility Director, develops the plans. Restrictive plans are to be reviewed by the treatment or ID team no less than every three months.

A functional analysis is completed prior to the development of a behavioral treatment plan and at the point when revisions are considered. This analysis involves a study of the individual's behavioral patterns as well as an assessment of environmental factors, which may be contributing to the target behaviors.

The team reviewed behavioral plans in ten records. Each formalized plan was found to be extensive and thorough. Given the number of PhD level psychology staff at this facility, consideration might be given to the development of a formalized mechanism through which this clinical expertise and experience could be expanded to other Training Centers in Virginia. An example might be a field clinic wherein NVTC staff regularly consult on and follow residents at other facilities.

Several direct care staff were interviewed regarding their understanding of what they were supposed to be doing with regarding to the actual day-to-day management of specific individuals with specialized treatment plans. Those interviewed were able to identify the basic components of the behavioral plans (for individuals assigned to them) as outlined in the clinical records. Each had a good working knowledge and understanding of basic behavioral terms and strategies for intervening with the residents on their units. This is a result of repeated training on specific individuals over multiple years as well as more generalized exposure and experience working in this setting.

OIG Finding 4.1: NVTC has a well- developed and mature behavioral management program.

OIG Recommendation: Consideration should be given by Central Office to developing a formalized mechanism through which residents at other Training Centers could benefit from this valuable resource, which is concentrated at NVTC compared to other training centers in Virginia.

DMHMRSAS Response: The Department Appreciates the OIG's recognition of the outstanding work being done at NYTC. DMHMRSAS has also recognized the value of the behavior management program as it is practiced at NVTC. Each training center has its unique populations and needs as well as unique staffing patterns that influence how behavior management programs can and are implemented. The NVTC program was sent to all training centers in written form for their consideration. Over 200 employees were given the opportunity to attend training for certification in behavioral analysis and there was a cooperative effort with George Mason University for further education. DMHMRSAS continues to pursue ways to propagate the seeds of excellence at all facilities.

PART FIVE: GENERAL OBSERVATIONS

This facility within the last several years has experienced a new Director, following two decades of having worked with the original director, David Lawson. OIG observations are that the current director has been well received by the staff. Twelve years ago, this is a facility that the Department of Justice investigated with allegations of inadequate treatment and unsafe conditions. Dr. Diorio has built upon the reputation of NVTC

established prior to his arrival as a community resource. Through the establishment of several outpatient clinics, staff at this facility have been able to share expertise in working with seriously developmentally disabled individuals. Dr. Diorio is currently involved in several projects, which are associated with the opportunity to promote this facility as a national model for institutional care of persons within state operated ICF-MR centers.